



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

SO107  
HNE

STATE OF HAWAII  
STATE ETHICS COMMISSION

05 JAN 31 P 2:32

RECEIVED

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Simmons	Thomas	C.	543-4303
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-4292
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Electric Company, Inc.		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	HI	96840-0001
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	HI	96840-0001

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Thomas C. Simione

(Signature of Lobbyist)

12/28/04

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Molly M. Egged		Secretary	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaiian Electric Company, Inc.		543-7728	
MAILING ADDRESS (Street)		FAX	
P. O. Box 2750		543-7523	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>mm</u>		<u>1/31/05</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	